

## CHAPTER 1

### SECTION 12.10

## COLLATERAL VISITS

Issue Date: December 5, 1984

Authority: [32 CFR 199.4\(c\)\(3\)\(ix\)](#)

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#### I. PROCEDURE CODE

90887

#### II. DESCRIPTION

Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.

#### III. POLICY

Collateral visits that are medically or psychologically necessary for the treatment of the patient are covered. It is not a therapy session, a treatment planning session, or a discussion with the milieu staff. It is conducted for the purpose of information gathering and implementing treatment goals. A responsible person is generally a parent, the husband, wife, or siblings. Other individuals also may qualify for collateral visits for both the adult and the child or adolescent patient provided it can be demonstrated that the individual is, in fact, a significant person in the life of the identified patient.

#### IV. POLICY CONSIDERATIONS

A. A collateral visit does not involve treatment of the collateral person(s). It is for purposes of information exchange regarding the patient or implementing treatment goals for the patient. Collateral visits are considered as services rendered on behalf of the patient, are billed in the name of the patient, and are counted as individual psychotherapy sessions for purposes of utilization review (See [Chapter 1, Section 12.7](#)). Duration up to 60 minutes is allowed.

B. Group collateral visits are not covered. A group collateral visit is when the therapist meets with a group of parents of the children he/she sees in group therapy. The focus of the sessions is on improving parenting techniques and fostering better implementation goals. Such visits shall be denied.

C. A collateral visit rendered on the same day that the patient receives individual or group psychotherapy is coverable. Collateral visits do not count toward crisis intervention sessions.

D. Development of the claim is only required if there is some reason for the Contractor to suspect that it is not truly a collateral visit. When routine treatment reports are submitted, collateral visits should be explained therein.

E. Pre-payment development is not required. If there is some reason to suspect that the collateral person is actually receiving treatment, the records should be requested and the case sent to peer review.

V. EFFECTIVE DATE            October 1, 1980.

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